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Bib Data Sheet

CONFIRMATION NO. 8324

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/707,088  | <b>FILING DATE</b><br>11/06/2000<br><b>RULE</b>   | <b>CLASS</b><br>704                | <b>GROUP ART UNIT</b><br>2641   | <b>ATTORNEY DOCKET NO.</b><br>944-003.030 |
| <b>APPLICANTS</b><br>Juha Marila, Taivassalo, FINLAND;<br>Sami Ronkainen, Oulu, FINLAND;<br>Mika Roykkee, Tampere, FINLAND;<br>Fumiko Ichikawa, Helsinki, FINLAND;  |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b><br><i>DL 5 none</i>   |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>DL 5 none</i>  |   |                                    |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/25/2001</b>  |   |                                    |   |   |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | Examiner's Signature <i>DL 5</i> Initials   | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>27                 |
|   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>3            |
| <b>ADDRESS</b><br>004955  |   |                                    |   |   |
| <b>TITLE</b><br>Method and apparatus for musical modification of speech signal  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>966   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |